

Choices Housing Association Limited

# Choices Housing Association Limited - 63 Junction Road

## Inspection report

63 Junction Road

Leek

Staffs

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## Ratings

### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



## Overall summary

We inspected 63 Junction Road on 26 August and 1 September 2015, which was unannounced.

63 Junction Road is registered to provide accommodation and personal care for up to five people. People who use the service predominately had a learning disability. At the time of our inspection there were five people who used the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

# Summary of findings

People's risks were assessed in a way that kept them safe whilst promoting their independence. People were kept safe because staff understood people's individual risks and provided support whilst taking action to lower the possible risk of harm to people.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

We found that there were enough suitably qualified staff available to meet people's needs in a timely manner. The registered manager made changes to staffing when people's needs changed.

Staff were trained to carry out their role and the provider had safe recruitment procedures that ensured people were supported by suitable staff.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests where they are unable to do this for themselves. People's capacity had been assessed and staff knew how to support people in a way that was in their best interests.

People told us and we saw staff were kind and compassionate with people. We saw staff treated people with respect, gave choices and listened to what people wanted.

People's preferences in care were recorded throughout the care plans and we saw that people were supported to be involved in hobbies and interests that were important to them.

The provider had a complaints procedure that was available to people in a format that they understood.

Staff told us that the registered manager was approachable and led the team well. The registered manager and staff all had clear values and were passionate about their role and what their support meant for people.

People, relatives and staff were encouraged to be involved in the improvement of the service and action was taken to make improvements from feedback received. The registered manager had systems in place to assess and monitor the quality of the service provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People were kept safe because staff were aware of their responsibilities to protect people from harm. Staff knew people's risks and supported them to remain independent whilst protecting their safety. There were enough suitable staff available to meet people's needs and medicines were managed safely.

Good



### Is the service effective?

The service was effective. Staff received training to carry out their role effectively. People were supported to make decisions about their care and staff understood their responsibilities under the Mental Capacity Act 2005. People told us that the food was good and they were supported with their dietary needs.

Good



### Is the service caring?

The service was caring. Staff were caring and kind and showed patience and compassion when they supported people. We observed staff treating people with dignity and respect and giving people choices in their care.

Good



### Is the service responsive?

The service was responsive. People were supported to be involved in hobbies and interests that were important to them. People received individual care that met their personal preferences and the provider was responsive to changes in needs. There was a complaints procedure available in a format people understood.

Good



### Is the service well-led?

The service was well led. People and their relatives were asked for feedback and the provider used this to make improvements to the service. Staff and the registered manager had clear values and were committed to providing a good standard of care. There was a registered manager in place who understood their role and responsibilities. Monitoring of the service was in place and we saw that actions had been taken to make improvements.

Good



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## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 August 2015 and 1 September 2015 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included notifications that we had received from the provider about events that had happened at the service. For example, serious injuries and safeguarding concerns.

We spoke with three people, two relatives and four care staff and the registered manager. We observed care and support in communal areas and also looked around the home.

We viewed two records about people's care and records that showed how the home was managed. We also viewed two people's medication records.

# Is the service safe?

## Our findings

People told us they felt safe and the staff treated them well. One person we spoke with told us they would tell staff or the registered manager if they felt unhappy with the care. They said, “I would tell staff or the registered manager if I was upset”. A relative told us that they felt their relative was safe and they were happy with the way staff treated their relative. Staff were aware of the procedures to follow if they suspected that a person was at risk of harm and they told us they could speak to the registered manager if they had any concerns. One staff member said, “I would speak with the registered manager if I was concerned someone was being mistreated. We also have a ‘no secrets’ policy to follow, which is available in the office”. We saw that the provider had a safeguarding and whistleblowing policy available and the ‘no secrets’ policy contained guidance for staff to follow if they had concerns that people were at risk of abuse.

People told us and we saw that people were encouraged to be as independent as possible, whilst taking account of people’s risks. People were encouraged to make drinks themselves and prepare and cook their meals. Risk assessments were in place which ensured that people remained safe from the risk of harm, such as scalding or burns. One person told us they were able to help with meal preparation and they enjoyed going shopping in the town. This person had a risk plan in place which contained details of the risks when they went out and also contained the positive effects to the person of undertaking the activity. This person was able to go out alone where the risks were low and had staff support when the risk to this person’s safety were higher. Staff were able to describe the support this person needed to keep them safe, which matched the guidance in this person’s support plans.

We saw that incidents at the service were monitored by the registered manager and actions had been recorded to lower the risk of further occurrences. For example; one person had displayed behaviours that challenged and risk assessments had been updated, which showed possible triggers and how to help reduce anxieties to the person in a way that promoted their health and wellbeing.

People told us that there was enough staff available. One person said, “Staff are always here for me. If I want help

they help me”. We saw that there were enough staff to meet people’s needs in a timely manner and people were not kept waiting when they needed support. We saw there were enough staff available to support people to go out and be involved in activities that were important to them. For example, one person was supported by staff to go to a group barbecue during the day and another person visited the local shops with staff. We saw staff had time to support people in a calm and relaxed way, talking and chatting to people whilst they provided support. The registered manager told us that staffing levels were changed when people’s needs changed. They said, “I have control over staffing levels and I am accountable to make sure people are safe. If I need extra staff the provider trusts my judgment”. We saw that one person’s health and wellbeing had deteriorated and an extra member of staff was provided during the night. This meant the registered manager had made adjustments to staffing levels to ensure people’s needs were met.

We saw that the provider had a recruitment policy in place and checks were carried out on staff before they provided support to people. These checks included references from previous employers and criminal record checks which ensured staff were suitable to provide support to people who used the service.

People were supported to take their medicines. We observed staff administering medicines to people in a dignified way, sitting down with people and they explained what the medicine was for. People were supported to take as required medicine; such as medicine for pain and to control seizures. We saw that there were detailed protocols in place that gave staff guidance so they knew when to administer the medicine. For example, one person had communication difficulties and staff told us how to recognise that this person was in pain and what medicine was required. Another person required medicine to help alleviate the effects of a seizure and staff understood how to recognise when this medicine was required and how this needed to be administered. Staff told us that they had been trained to help them administer medicines safely and we saw records that confirmed this had been completed. We found that the provider had effective system in place that ensured medicines were administered, recorded and managed safely.

# Is the service effective?

## Our findings

People we spoke with were very happy with the food. People told us that they were able to choose the meals they had and they discussed the menus at weekly meetings. One person said, “The food is very good, I like to help sometimes with the cooking. If I don’t like something I can have something different”. A relative told us, “The food always looks nice and the staff understand their special diet”. We observed breakfast and lunch and we saw that people were supported to eat independently using specialist aids such as plates guards which meant people could eat by themselves. Staff sat with people and chatted to them giving encouragement and asked if they were okay. Staff we spoke with understood people’s needs and knew when people needed softer diets to help them swallow easily. The records we viewed showed that people’s nutritional needs were assessed and monitored regularly. For example; one person was supported to eat a healthy diet which ensured they maintained a healthy weight.

People were supported to access health professionals. One person said, “I go to the doctors if I need to”. A relative said, “I am really impressed, if my relative needs medical help this is provided straight away and I am contacted too”. We saw that people had health action plans in place, which contained an assessment of all aspects of people’s individual physical and emotional wellbeing and the support needed to keep people healthy. We saw that one person had been referred to a Speech and Language Therapist (SALT) for an assessment, where concerns had been identified.

Staff told us they had received an induction when they were first employed at the service. One staff member said, “The induction was good. I had five days training and induction before I started and then shadowed a member of staff. I felt ready to look after people”. Staff also told us they received training, which was regularly refreshed and updated. The records we viewed confirmed this and we saw that competency assessments had been completed for medicine training which ensured staff had understood the training provided. Staff received supervision from the registered manager on a regular basis. One member of staff said, “I find supervision really good. I feel able to bring anything up I am concerned about and I know it will be dealt with by the registered manager. It always has been in the past”.

We observed staff talking to people in a patient manner and in a way that met their understanding and communication needs. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA sets out the requirements that ensure, where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. Staff explained how they supported people to understand decisions that needed to be made. One member of staff said, “I understand MCA and everyone has capacity unless assessed otherwise. Some people we support lack capacity to make certain decisions about their care and we ensure that decisions are made in their best interests”. Another member of staff said, “It’s important to give people time to make decisions and support them in a way that is best for their needs”. We saw that mental capacity assessments had been completed and clear guidance was available for staff which ensured people were supported in their best interests.

The registered manager had a good understanding of their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS) to ensure that people were not unlawfully restricted. The DoLS are for people who cannot make a decision about the way they are being treated or cared for and where other people need to make this decision for them. For example, one person required constant support and supervision from staff when they go out. A DoLS had been authorised and staff understood what measures were in place to keep this person safe in the least restrictive way.

Staff told us how they supported people who had behaviour that challenged. Staff told us they were trained in managing aggression, but only low level distraction and diversion techniques were used to manage people’s behaviours that challenge. One staff member, said, “I have had training so that I know how to manage a person if they became aggressive, but we know people well and haven’t had to use any hands on restraints”. Staff told us that they spoke with people in a calm manner and used different methods to distract the person such as; talking about where they were going or what they want to eat. We saw that the care plans contained guidance for staff to follow and any triggers to behaviours that challenged.

# Is the service caring?

## Our findings

People told us they were happy with how the staff treated them and the staff were kind and caring. One person said, “I like it here, staff are okay”. Another person said, “Staff are nice and help me”. Relatives told us they were happy with the staff and how staff had formed good relationships with their relatives. One relative said, “Staff are caring and do a very good job. I have seen good relationships between my relative and staff. My relative trusts staff and is happy when they talk to them”. We saw staff were caring and compassionate with people and showed patience when they provided care. People were comfortable with staff and spoke with staff easily, when they needed support or reassurance. For example, we saw that one person was anxious and staff gave reassurance by placing their hand on the person’s arm and talked low and soft when they asked how the person felt. Staff we spoke with were enthusiastic about their role and told us they cared about the people they supported and had built up positive and trusting bonds with people. One staff member said, “The job is very rewarding when people are happy and feel secure around me”. Another member of staff said, “It’s not just a job I care about the people I support and feel good when I know something I have done has made people happy”.

We saw people were able to access their rooms whenever they wanted and if they wanted to have their own privacy. One person said, “I like to be in my own room and I can go there when I need time to myself”. Staff told us that they

ensured that they were sensitive to people’s privacy and ensured that people felt comfortable when they were providing support. One staff member said, “I treat people as I would expect to be treated myself”. Another member of staff said, “I am always sensitive when providing personal care and ask if it is okay and speak to people in a respectful and caring way”. We saw staff knocking on doors before entering and staff spoke with people in a dignified way. Staff talked with people in a way that made people feel that they mattered. For example, when people approached staff or asked a question the staff member stopped what they were doing and gave the person their time and spoke with them face to face.

People told us that they were happy with the care provided and they were given help to make choices. One person said, “I get up and go to bed when I want to, I can do quite a lot for myself but the help is here if I need it”. We saw people were given time to speak and staff listened to people’s wishes and acted upon them. For example, one person who normally liked to go out was asked if they wanted to go shopping, the person didn’t want to go out and preferred to stay at the service and the staff member respected their wishes. Staff we spoke with explained how they ensured people were given choices and they respected their wishes. One staff member said, “I like to help people be as independent as possible and have as much choice in their life as possible”. Another member of staff said, “I always listen to what people want. It is their home and I am here to make things a bit easier for them”.



# Is the service responsive?

## Our findings

People told us they regularly went out and were supported to undertake hobbies and interests that were important to them. One person told us, “I like to go out shopping and visit my relative. I see them [relative] every week. I can also call and speak to them too” and “I go out with staff. I liked the barbecue today”. Relatives told us people were able to visit places of interest to them and one person had been supported to visit horses which they had an interest in. We saw and staff told us that people had key workers and where possible staff supported people who had similar interests. Records we viewed contained details of people’s interests and where people had been out such as, regular shopping trips, meeting friends and family and visiting local attractions.

We saw that people’s preferences and interests were detailed throughout the support plans. People had set goals and how these would be achieved for people such as; cooking, trips out, improving their daily living skills and holidays. Support plans showed the person’s lifestyle history, current health and emotional wellbeing needs and what is important to people. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people’s physical and emotional needs. For example, it was very important for one person to maintain relationships with their relative. We saw that this person was supported to have visits and stay overnight with their relative regularly.

People and their relatives were involved in reviews of their care. We saw evidence of reviews that had been undertaken which showed involvement of people and contained details of any changes to their health and wellbeing. For example, one person’s emotional health had deteriorated and the plans had been updated as a result of this. Staff were aware of these changes and explained the extra support this person needed. This meant that the provider was responsive to people’s changing needs.

We found that the provider was responsive to people’s diverse needs. The provider had considered the environment for people with physical disabilities and visual impairments which meant they could move around the service independently. We also saw that people had specialist equipment which helped them maintain their independence. For example, hand rails and equipment which helped people to eat their meals without support.

A relative told us staff had asked them what certain physical actions meant to their relative, they said, “Staff listen to me and we work together as I know their [person who uses the service] needs well”. We saw that staff understood what this person needed and explained what different actions meant for this person. Staff were patient and gave people time to respond to questions in their own way and staff explained how certain people communicated their needs in a physical way. For example, one person would constantly touch the part of their body where they had pain. We saw that the support plans also gave staff guidance on how to recognise when people needed specific care, for example; how individual people showed signs they were in pain or were unhappy.

People and relatives told us that they knew how to complain and they would inform staff or the registered manager if they needed to. One person told us, “I would tell staff if I was unhappy”. A relative said, “If I had any concerns I would bring them up with the registered manager. They are very good and when I have brought anything up it has always been dealt with straight away”. The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to pictorial version of the complaints procedure, which meant that the provider ensured that people understood what action to take if they were unhappy. The provider had not received any recent formal complaints that needed investigation, but the registered manager showed us how complaints were logged if any were received.



# Is the service well-led?

## Our findings

People told us that they were involved in weekly meetings and we saw there were quarterly meetings held which included people's safety, how people were feeling, suggestions for change and organising trips out. People and their relatives had completed questionnaires so that the provider could gain feedback and make improvements to the service. We saw that these were available in a format that people could understand. The questionnaires had been analysed and suggestions had been made were acted on to make improvements. For example, one person had said that they wanted the layout of their bedroom changing and we saw that this had been completed and the person was happy with the changes made.

Relatives told us that they were involved in meetings with the provider. One person told us that they attended meetings with the provider and where they had made suggestions the provider listened and made improvements. For example, one relative told us they had suggested that further training was required for specific needs and a training session was provided. People, relatives and staff were invited to the training. They said, "I was really impressed, the training was very good and I learnt a lot and I think the staff did too. I will not be afraid to make suggestions in the future either".

Relatives told us the registered manager was approachable. One relative said, "The manager is very good and their experience shows, they know what they are doing and staff learn from this". The registered manager was passionate about their role and that they had clear values and visions for the future of the service. They told us, "My role is to ensure that people get the best possible care and I support and guide staff to make sure that they are working to the same standards". The manager told us and we saw that the provider produced a newsletter that contained updates in practice and staff were nominated for recognition awards where staff had excelled in a certain area. Staff knew about the newsletter and awards scheme that the provider had in place.

Staff we spoke with were positive about their role and how they made a positive impact to people's lives. One staff member said, "I'm very enthusiastic about providing a

good quality of life and I love helping people and seeing them happy". Another member of staff said, "I am really passionate about educating people about learning disabilities and how important it is for people to have a good quality of life". All the staff we spoke with told us that they were a good team and led by an approachable and supportive registered manager. They said, "The registered manager is very supportive and I have always felt able to speak with them if I'm unsure of anything" and, "The registered manager gives support and praise and also tells me if I'm not doing something quite right. It's good because they say it in a way that helps me to improve".

Staff were encouraged to give feedback and were able to suggest where improvements may be needed. Staff told us and we saw that they had completed surveys and attended team meetings. One staff member said, "I have completed a survey, but I'm quite happy with things here. I would raise anything straight away anyway. The team meetings are really helpful as we can discuss any changes in practice and learn from each other". We saw records of team meetings which included updates in care practice and discussions about the care standards expected from staff. The registered manager told us and we saw that staff had been asked to record what they felt various standards meant to people in care. These were being collated so that further discussions could take place from the overall results.

We saw that the registered manager had completed audits which showed how they monitored the quality of the service provided to people. Weekly monitoring was undertaken by the registered manager of people's significant changes so that they could monitor and take immediate action if required. We saw that any concerns or changes in people's support needs had been discussed at staff handovers. We saw there were also monthly audits in place which contained more details and action plans had been implemented where improvements were needed at the service. The registered manager told us that the quality manager visited the service on a monthly basis. They said, "The quality manager comes to check that I am undertaking my responsibilities too. They also carry out their own audits, which is helpful because this shows that I am working correctly. It is important to me as I am accountable and strive to give the best service I can".